

## Bank Street College of Education Educate

---

### Graduate Student Independent Studies

---

5-15-2013

# SPARK : an educator's look at connection in 21st century American schools

Melissa J. Berrada

*Bank Street College of Education*

Follow this and additional works at: <http://educate.bankstreet.edu/independent-studies>



Part of the [Art Therapy Commons](#), and the [Disability and Equity in Education Commons](#)

---

### Recommended Citation

Berrada, M. J. (2013). SPARK : an educator's look at connection in 21st century American schools. *New York : Bank Street College of Education*. Retrieved from <http://educate.bankstreet.edu/independent-studies/104>

This Thesis is brought to you for free and open access by Educate. It has been accepted for inclusion in Graduate Student Independent Studies by an authorized administrator of Educate. For more information, please contact [kfreda@bankstreet.edu](mailto:kfreda@bankstreet.edu).

SPARK: An Educator's Look at Connection in 21<sup>st</sup> Century American Schools

Melissa J. Berrada

Bank Street College of Education

Copyright 2013

## Table of Contents

Genesis	3
Introduction	6
Penelope	10
Rosie	24
Thomas	32
Carly Fleischmann	37
Through the Eyes of Morocco	44
At Risk Students and Drama Therapy	52
Conclusion	61
Acknowledgements	65
References	67

## **GENESIS**

The dedication page of *Carly's Voice: Breaking Through Autism* reads, "For those who have not yet found their inner voice and those who will help them do so" (Fleischmann & Fleischmann, 2012). In my work both with Bank Street and outside of it, I've come to realize that my purpose for being is to help children find and use their individual voices. This purpose began with a little girl named Samantha\*

Samantha had a severe form of Cerebral Palsy. She was non-verbal, but would smile when she recognized a name or a person who was close to her. She attended a special school in my hometown for children with variations of many kinds. I volunteered at the school when I was in grade school. My volunteer work began as a class project. However, I loved the work so much that I continued on for the summer. I soon came to love Samantha. We formed a strong bond that year. It was so strong that her parents eventually asked if I would be her babysitter. Through our added hours together we became much closer. We played lots of games, went on long walks where I put words to the things that I thought she was seeing, and generally loved being together. One day, I received a call from her Mom, "I'm so excited, I had to call and tell you that we said, 'Melissa' and Samantha smiled. She knows you. Thank you!"

In that moment a small seed was planted deep inside of me. It would take years – decades in fact - and another very special little girl before it would fully bloom. As I look back on my journey, I realize that I knew my purpose in that moment, but couldn't realize it until I traveled through life and stood in the moment at which I now stand.

It is my hope, that this Integrated Masters Project will show a true exploration of what it means to have an inner voice, to find and free it, and eventually to express it. It is in the space that exists after a voice is freed that real miracles begin to take place. This is the work I was meant to do. I have chosen teaching as my platform, and Bank Street to help hone the skills and understanding I need to reach the children who may never otherwise know what it is to speak their own truths.

My ultimate purpose as an educator, and in life, is to assist each child with whom I work in realizing that the potential that lives inside of them is real and valuable, and that their voices, however quiet or boisterous, will be heard.

*\*Name changed to protect privacy.*

## **INTRODUCTION**

In their book *Using Skilled Dialogue to Transform Challenging Interactions...*, Barrera & Kramer define miracles as "... positive and desired outcomes that, given existing data, we believe cannot or will not happen but that do happen," (2009, p. xxvi). Certainly, given today's educational culture it would seem that miracles cannot happen. Educators today are bogged down by political bureaucracy, ever-changing classroom standards and assessments, diminishing resources, overcrowded classrooms and low morale. Many who entered teaching hoping to make a difference in the lives of their students have since left the profession feeling disheartened and disillusioned; their students left to fend for themselves often with less inspired teachers.

Meier and Wood write about one recent set of standards in the United States which drastically affected many school cultures:

Most unhappily, some of the act's most important and potentially productive components – such as the effort to ensure that all students have highly qualified teachers and successful educational options and supports – are in danger of being extinguished by the shortcomings of a shortsighted, one-way accountability system that holds children and educators to test-based standards they are not enabled to meet, while it does not hold federal or state governments to standards that would ensure equal and adequate educational opportunity (2004, p. 6).



The uneven balance of these standards drastically alter many students' and educators' experience of the classroom. Meeting impossible standards creates a rift in the structure of the school. Focus turns away from the primary job of educating and inspiring young children. Instead it turns towards meeting the external demands of standards that were created by legislators and administrations who didn't invest the time needed to understand what it takes to reach the broad population of students that inhabit today's classrooms. Education became about the task, and not about the student.

Because of this climate, many students and educators are now lost in the morass of nonsense that surrounds them. Educators face very real expectations and consequences that change their perception of their craft as well as of their students. Connection and miracles cannot, and will not be a part of many educators' repertoires. The system is in a sad state of disrepair, and an even more brisk decline.

The success of students in this current climate requires the devaluation of personhood, particularity, and robust participation in school life. At present, the dominance of standardization casts human development as adjustment and accommodation. Compliance is rewarded. Resistance and repeated failure to attain the norm meet with lowered status and increased scrutiny; while high ranking along a continuum is equated with well-being and excellence (Pignatelli, 2005, p. 50).

This artificial way of educating students, however, does not have to be the norm.

Connection, creativity in the classroom and miracles are possible, even in today's standardized climate. The following examples, both in and out of the educational world, are tangible evidence that proves damaged systems can be overcome and difficult situations surmounted. By choosing to resist the norm, to question, to network with like-minded educators, to use creativity and patience real connections thrive in a variety of environments. Those connections lead to miracles. Many in our current education system have lost their belief in possibility. And yet, it is there, happening every single day in and outside of classrooms across our country.

## **PENELOPE**

## **History**

"Penelope" is an 8 year old, girl who is adopted. Due to her adoption, her exact genealogical background is not known. Her adopted family's background is of European ancestry. She is an only child. Penelope had a pre-natal stroke which affected her brain development while in-utero. This resulted in bilateral damage to the temporal, occipital, and parietal lobes. This damage caused multiple variations including: Cortical Visual Impairment (CVI - her brain cannot process the images that her eyes see,) gross and small motor impairment, inability to eat solids, inability to initiate activities, receptive, expressive language delays and cognitive impairments

Penelope was diagnosed when she was 8 months old after her parents noticed that she responded to sound, but not to objects placed in front of her eyes. An MRI showed the extent of the damage to her brain. One medical professional told her parents that she would, "Most likely be a vegetable." Penelope's parents did not accept this diagnosis and sought additional medical assessments and ultimately enrolled her in multiple therapies for her many variations. According to her mother:

People ask a lot about [Penelope's] condition. It's difficult because she really doesn't have a condition that has one name – and most people haven't heard of a pre-natal stroke. On top of that, [Penelope's] stroke was unusual because it was quite extensive and bi-lateral, meaning that both hemispheres (or sides) of the brain were affected. Often in a stroke, (at any age), one hemisphere is affected and so one side

compensates for the other. This is not the case for [Penelope]. She has damage to the temporal, occipital, and parietal lobes bilaterally. Also, because [Penelope] had her stroke before birth, it's not a matter of RE-learning things that were lost, as it is in adult strokes, it is a matter of learning for the first time. Luckily, the brain is very plastic, especially early in life so, for example, doctors looking at her MRI told us she was deaf because of damage to a certain area of her brain – but we didn't think she was deaf. We took her for hearing tests, and despite what the MRI indicated, she can hear. Her brain just figured out how to do that on its own (Mahoney, 2008, What is a Pre-Natal Stroke and Other Questions I Get Asked section, para. 1-2).

Penelope's receptive language skills are much stronger than her expressive skills. She communicates through American Sign Language (ASL) which is taught to her under her hands. She also uses a series of vocalizations that match specific objects, tasks or feelings. She is slowly growing in her mobility. She is in a wheelchair for trips to and from school and can walk short distances with support. She has been in music therapy since she was first diagnosed and responds to music more than many other stimuli. Penelope struggles with eating solid and strong flavored foods. Her diet consists mostly of baby food thickened with infant cereal. The cause of this variation is not known. She has not made any strides in her feeding therapy. She cannot initiate most activities. A recent medical review garnered the diagnosis that this is most likely due to the physical damage to her brain, and is not something that can be taught to her. However, there are some exceptions as this summer, she initiated floating in a pool on her own. Her father was holding her as he normally does

and she pushed him away. She then floated unassisted. This was a very big first for Penelope and her family.

### **Connection**

In order to comprehend the complexity of making a connection with Penelope, it is important to first understand the structure of the human brain in relation to the areas of her brain that were affected by her stroke. As stated earlier, Penelope's stroke bilaterally affected the development of her occipital, parietal and temporal lobes. It is crucial to remember that this was a bilateral stroke meaning that both sides of each lobe were affected making her brain development that much more complicated.

According to Scott:

[The occipital lobe is]... responsible for processing visual information from the eyes... [it] makes sense of visual information so that we are able to understand it. If our occipital lobe was impaired or injured we would not be able to correctly process visual signals... [The parietal lobe] processes sensory information that ha[s] to do with taste, temperature and touch... it is where information such as taste, temperature and touch are integrated, or processed. Humans would not be able to feel sensations of touch if the parietal lobe was damaged. [The temporal lobe processes] auditory information from the ears. ... It receives sensory information such as sounds and speech from the ears. It is also a key to being able to comprehend or understand meaningful speech. ... it makes sense of all the different sounds and

pitches being transmitted for the sensory receptors of the ears (2013, Occipital Lobe, Parietal Lobe and Temporal Lobe sections, para. 1).

The occipital, parietal and temporal lobes control vision, sensory information and sounds/language. In their 2008 study on traumatic brain injury (TBI) in early childhood, Taylor, Swartwout, Yeates, et al determined, “Severe TBI sustained during early childhood can result in generalized cognitive impairment and deficits in school readiness skills. Furthermore, memory, spatial reasoning, and executive function may be more affected...” (P. 742). Penelope’s stroke caused a traumatic brain injury which drastically affected each of the above centers of the brain. Because of this, traditional methods of communicating and thus connecting with her were most often ineffective.

As her mother stated, “We had to throw all the therapy at her that we could and hope that something stuck” (Mahoney, 2008 What is a Prenatal Stroke and Other Questions I Get Asked section, para. 3). Early therapy included music therapy, which was Penelope’s first real connection with the people around her. Her parents began taking her to music therapy at 8 months of age. She immediately took to the rhythms and melodies that surrounded her and reached out for tiny handbells. When I began work with her at 18 months old, she was well-versed in the language of music though she was still largely non-verbal.

Her vocalizations were varied, but few. Blowing raspberries meant she was happy, and she had many vocal tones that expressed her emotions. She spoke a few sounds that seemed to

signify favorite toys, and definitely expressed displeasure through crying. She had frequent melt-downs and self-injured when she was thoroughly frustrated. The only thing that proved to bring her solace was music. It calmed her, gave her some control over her environment, and allowed her to enter into play with her caregivers. On particularly difficult days, it was the only way to reach her.

As she grew, new challenges presented themselves. Initially, she went to school on the Upper West Side of Manhattan. The school specialized in helping children who were blind. She attended this school for a number of years until, at the age of 5, they closed their doors due to lack of funding.

While it was an excellent school in many ways, and she received a variety of therapies while there, they were not equipped to deal with some of her cognitive and physical variations. She quickly reached the ceiling of what they were able to do for her. While it was a challenge to find a new school for her, her parents also viewed it as an opportunity to explore new options to scaffold their daughter's abilities.

Because no one really knew her capabilities, and because she could not communicate her needs directly, her parents and teachers at her new school struggled to design programs that remained rigorous without overwhelming her. Her caregivers, who were satellites in her orbit, could tell that her receptive language skills were much stronger than her expressive skills as her responsive behavior was almost always appropriate to their requests and



questions. However, her frustration and subsequent meltdowns continued to escalate, especially when she tried to communicate her needs. It was obvious that she knew what she was trying to say through her various vocalizations. Her caregivers just didn't speak her language.

Her parents continued to research options. One such option was a stem cell transplant from cells that had been harvested and stored at her birth.

Cells divide to allow the body to grow and repair itself. When cells become specialized to do a particular job, they often lose this ability to divide. Stem cells do not become specialized and so keep the ability to divide. In fact, they can keep dividing, again and again, almost indefinitely. If conditions are right, a small group of stem cells can produce millions of new cells. As well as being able to divide, stem cells can also differentiate into other types of cells. In adults, stem cells in particular tissues turn into specialized cells found in that kind of tissue. ... Stem cells are an essential part of the body's repair mechanism (Solway, 2009, pp. 38-40).

Because of the way that stem cells work there was hope that the cells transfused into Penelope's body would find their way to her brain and begin to repair the damaged areas. Her parents made the decision to have the transplant when she was 2 ½ years old. They researched and ultimately chose to apply to a program at a university hospital in North

Carolina. The application process was time consuming, but ultimately, she was chosen to be a part of the study.

Penelope's parents were told that there could be no results from the transplant, or they could see immediate changes. The transplant itself was surprisingly simple. Penelope was given an IV in her feet, (this location was chosen so that Penelope's hands were still free to play during the process.) The stem cells were administered through her IV. The entire process lasted just under an hour.

Months after her transplant those who were closest to her noticed definite improvements in both her receptive and expressive language. She also seemed more cognitively aware. She started to understand more complex thought processes such as the ideas of more and less.

Soon after this procedure, her parents understood that they had to make a decision about the community to which she would belong. Penelope's hearing is laser sharp. This is evidenced by her reaction to distant sounds, her ability to identify people by voice, (she uses different signs and vocalizations for individuals,) and by several hearing tests that were completed at different points of her development. Her parents eventually realized with the help of some of her educators, that sign language taught under the hand could be a way to help her communicate her needs since verbalizing them may not be possible for her.

It was a difficult decision. They worried that the deaf-blind community wouldn't accept a child who could hear as well as she could. Indeed, her parents struggled and fought for her to receive resources through deaf-blind channels for quite some time. Ultimately, the community came through and even embraced Penelope and her family, but it took a lot of time and hard work on the part of her parents. While they worked to find channels for her in the community, they moved forward in their conviction that this was what was right for her and began to study ASL themselves. She also had a few teachers with rudimentary knowledge of ASL. Slowly, she was taught some basic signs for needs that she might have (eat, drink, bathroom, stand, sit, etc.)

This was the point of connection when everything grew for her and for everyone in her life. She reached out from deep inside and connected with the people she trusted the most and then expanded to people she newly met. She grabbed their hands and tried to speak using a combination of signs she knew and those she created. Her parents posited that the signs she created made sense to her for her needs and did their best to decipher their meaning.

Once Penelope realized that she could communicate her needs and trusted that they would be met, she couldn't learn fast enough. She began to have fewer meltdowns and her self-injurious behavior decreased. Her frustration soon centered around what she was trying to tell her parents and caregivers. They worked tirelessly to learn as many ASL signs as possible and tried to figure out the signs that she created. When they got it right, her smile renewed everyone's enthusiasm.

She wasn't the only one who blossomed in those early months. Anyone in her world became eager to communicate with her. All of her therapists began to learn her signs, and she made new strides in most areas of development that seemed possible simply because a connection to the outside world had been made. According to Pinnell, "Children live in a rich social world of language. They hear language, reorganize it and use it to express their own meanings. As they interact with others, they gradually learn how to share their meanings and, as they do so, construct a set of beliefs and expectations about language" (2002, p. 111). This was true of Penelope as she constructed and taught her own unique language.

### ***Miracle***

The years since Penelope's stem cell transplant and her parents' subsequent decision to fight for Deaf-Blind services have brimmed with miracles. Her growth is detailed on her mother's blogspot blog. In December of 2008, her mother writes, "...[Penelope] has a bunch of signs and she loves to "talk" with just about anybody who can follow her directions. While she has not really made progress as a speaker, she has made great progress - and shown great enthusiasm, as a communicator and our next goal is to get her some support around this. [Penelope] is very eager to communicate and we know she could be doing more..." (Mahoney, 2008, Signs section, para. 2).

As the years unfold in her mother's blog, Penelope's growth is evident. She rapidly gained vocabulary, but also began to understand the meaning of deeper concepts, which scaffolded her confidence and ultimately her development. In December of 2011, Penelope's mother writes:

This year she's got a ton more words and can figure out how to ask for most anything she wants (though often will need us to list those things - but she knows the signs and we're working on getting her to initiate them rather than waiting for us). The frustration is much reduced.

She's also making huge strides in conceptual thinking - she loves to find and recognize shapes, sort her blocks and other toys into their proper bins, and she gets that the little bumps on the page tell us a story!

Perhaps one of the most exciting things is that she really keeps learning new skills and making steady progress and though there are likely many challenges ahead in the new year, we feel like [Penelope] is up for new challenges and that makes all the difference in the world" (Mahoney, 2011, How Far We've Come section, para. 2-3, 6).

The miracles continued as more and more connections were made and in 2012, Penelope's mother details those connections:

Penelope had a tremendous year and one of the things I think you can really see ... is how social she is now. Thanks to her work with Yvette, who is fluent in ASL, Penelope's communication skills have really soared. The more she signs, the more she also speaks - which is kind of an interesting development. It seems like the words gain meaning once she has a sign for them. She'll try to repeat almost anything, and though Ben and I myself may be the only ones who understand most of what she says; she has a number of spoken words now.

And - in case that wasn't enough - she's starting to work on her Braille. We have flashcards and she likes them - though we're still very early in that process.

She was also really big on hugging everyone which was a so great! It's hard to describe how great it is to get a big hug from a kid who for 7 years - though she loves you enormously - never reached out to hug before. It's one of those small things that you don't even know you were missing until you get it, and then you realize it's huge (Mahoney, 2012 Wrap up section, para. 2,3, and 5).

In her book *Dibs in Search of Self* Virginia M. Axline talks about understanding of oneself:

Understanding grows from personal experience that enables a person to see and feel in ways so varied and so full of changeable meanings that one's self-awareness is the determining factor. ... Perhaps it is easier to understand that even though we do not have the wisdom to enumerate the reasons for the behavior of another person, we can grant that every individual *does* have his private world of meaning, conceived out of the integrity and dignity of his personality (1964, p. 20).

Though they may not have read Axline's book, Penelope's parents acted in accord with her work. Despite the myriad variations that Penelope (and ultimately they as a family) faced, her parents always believed that she lived a rich interior life, and that with work and patience, they could find a way to connect with her. Their advocacy as well as the advocacy of those with whom they chose to surround themselves was the foundation for Penelope's growth and change. They believed a connection could be made, they met her where she was in every stage of her development, they researched tirelessly to find services and people who could assist their work, and they never gave up. Because of this, miracles happen almost daily for Penelope. They happen for everyone who works closely with her too. The world is a bigger, brighter place for Penelope now, and she embraces it with every bit of her being and every skill she has learned along the way.

***Ideas for Educators***

Penelope's development over the years was anything but predictable. In fact, each time a therapist or educator set a formal goal for her she quickly met and surpassed it. Since her variations were so great, it was difficult for many of the people who worked with her to pinpoint specific goals that wouldn't quickly be exceeded.

As educators, we must strive to look beyond our initial impressions of our students. There are hidden talents that lie in their quiet moments. A boisterous classroom often hinders these moments from coming to a broader light, but if we are open to the possibility of their existence, we may catch more than expected. Those moments culled together with the larger moments will give us a greater understanding of our students, and of potential new ways in which we may meet them where they are in order to help scaffold them to where they have the great potential to be.



**ROSIE**

**History**

“Rosie” is a 21 month old girl. She is of European and Moroccan descent. She is an only child. Her mother’s pregnancy was considered to be a “high-risk, geriatric” pregnancy as she was 40 when Rosie was conceived. However, there were no complications during her pregnancy. Rosie was born a week prior to her due date on Valentine’s Day. Her birth was mostly uneventful until she was actually delivered. She did not breathe immediately though her heartbeat was strong. The doctor informed her parents that she was a “stunned” from the birthing process. The hospital pediatrician rated her a “2” on the Apgar scale. A nurse came in, held her upside down by her feet and patted her back until she gasped for air. Her second rating on the Apgar scale rose to an “8”.

A week after Rosie was born, she missed a regular feeding in the middle of the night. When her parents found her, she was in high fever, her body completely slack. She did not respond to their attempts to wake her. After rushing to the hospital, she was admitted and diagnosed with bacterial meningitis. Though it will never be known for certain, the family believes that it is during her birth that Rosie contracted the virus. She spent several weeks in the hospital and received heavy doses of antibiotics and antiviral medications. Her mother stayed with her at the hospital and her father and maternal grandmother alternated days once her father returned to work after his paternity leave. Rosie was constantly with at least one family member the entire time that she was in the hospital. Her family believes that this, more than any medication, gave her the strength that she needed to fight off her illness. She made a full recovery. She saw a pediatric neurologist following her illness for several

months, but was soon “graduated” as the physician determined that she did not have any variations as a result of her illness. Rosie continues to reach most of her expected developmental milestones just ahead of schedule.

Rosie speaks English as a first language and has been exposed to French and Arabic as these are her father's first languages. She will eventually be taught both at home. She attends a toddler music class with her mother once a week. She responds to music of all kinds by dancing and playing her toddler instruments. Her parents are her main caregivers. She is cared for by babysitters when her mother and father are in school or at work respectively. She will most likely continue with babysitters until she is pre-school aged.

### **Connection**

The severity of Rosie's condition at the time of her admittance into the hospital was life-altering for her family. Rosie's conception had been a welcomed surprise as both parents believed that they had passed the point in their lives when they would have a child. When she was born, a week early on Valentine's Day, they felt as though they had received the greatest treasure the world had to offer. They have no words to describe the horror of hearing her labored breathing or holding her rag-doll-limp body in their hands a week later. In fact, but for this project almost two years later, they do not speak of the specific terrors of that night. It is much easier to focus on the healthy, thriving daughter they have the joy of raising than it is to think about how very nearly they lost her.

What is important for them is the understanding that their connection to her and to one another as well as their willingness to work in tandem with her two teams of doctors was a major part of Rosie's healing. In fact, they developed such a good rapport that one team of doctors agreed, at her parents urging, to look further into a recommendation of treatment from the other team. When the research was completed, the first team backed Rosie's parents in their denial of a treatment that was, in their estimation, too extreme. According to NYU Langone Medical Center's Dr. Gabrielle Gold-VonSimson, "[The family's] presence and advocacy are invaluable. It is always in the best interest of the child when the medical team and family form a partnership. This family-centered team enables care to be delivered in the most meaningful way," (Gold-VonSimson, G., Personal Communication, October 2013). Dr. Gold-VonSimson's words are reflective of the parenting style with which Rosie is being raised. Her health, happiness and well-being are placed first in the priority of the life of this family. All decisions, big or small, are made with this as her parents' focus. Living a child-centered existence has brought meaning to this little family. That meaning saw them through the myriad medical decisions they made during her hospitalization. Whenever they lost their way or felt pressured to make difficult decisions they sat quietly together and asked one another what would be best for Rosie. This focus led to an important practice of their own during her hospital stay; one that created a connection for Rosie, and ultimately fostered her attachment to her family.

While in the hospital, Rosie was connected to several tubes and wires. Their purposes were crucial to her care, but made holding her a challenge. In fact, her parents were encouraged

by the nursing staff to keep her in her crib as often as possible so as not to risk disconnecting the machines. This didn't register with her parents who knew that their child's healing and her future development depended greatly on her ability to attach to them. They spent hours carefully holding her, talking to her, singing to her and generally hoping that they were giving her a reason to fight. During that time her mother wrote, "I just can't wait for the day when I can hold my baby without all of this mess around us," (personal communication, February 2012).

They began a nightly ritual where her mother would lay on her back on the hospital's fold-out chair, her father or grandmother would then hand Rosie to her mother who gently laid her on her chest – cords, tubes and all. If it was a night when her father was staying over, he would somehow stretch himself along the bottom of the same chair with his legs propped up on two other chairs. The family slept like that each night of her hospital stay. The only difference was on nights when her grandmother stayed over. During those nights, she slept on chairs propped next to Rosie and her mother. Her family believed wholeheartedly that the comfort and security that she felt by sleeping this way would give her more reason to fight. Fight she did. In slow increments, the tubes and wires began to disappear.

Rosie had several setbacks during her hospital stay that ultimately required surgery to insert a PICC line, (a central catheter inserted through her arm into a main artery near the top of her heart.) This line allowed her medication to be administered without interruption. It also delayed her going home until one of the nurses found an at-home nursing company who

agreed to treat a patient as young as Rosie. The staff trained her mother on the administration of Rosie's medication and she was released, much to the relief of her family.

Almost three weeks after her admission, Rosie was at home with her family. Her maternal grandmother returned to her home in the Midwestern United States and her paternal grandparents visited from North Africa. Throughout this transitional time, Rosie slept on her mother's chest with her father nearby. Her needs were always gently and lovingly met. She successfully formed an attachment to her parents and soon began to thrive. Even her pediatric neurologist was amazed by her recovery. In Rosie's case, the connection that she made to her parents saved her life.

In 1999, Elliott wrote,

Attachment is regarded by many psychologists as the seminal event in a person's emotional development – the primary source of a child's security, self-esteem, self-control and social skills. Through this one incredibly intimate relationship, a baby learns how to identify her own feelings and how to read them in others. If the bond is a healthy one... she will feel loved and accepted and begin to learn the value of affection and empathy... particularly in their first year, when babies begin exploring in earnest, attachment complements their growing independence in an important way. [The caregiver] represents a secure emotional base from which [the child] can test her new assertiveness, someone to whom she can periodically return for comfort and reassurance... (pp. 305-306).

***Miracle***

Rosie's attachment to her parents, despite her medical ordeal, proved to be the connection that gave her the stability she needed to appropriately grow and develop. Now almost two years old, she is healthy and active. Her vocabulary in her primary language grows exponentially each week and she is showing evidence of strength in both her receptive and expressive language skills in relation to her secondary languages of French and Arabic. Her ability to count, recognize colors, shapes and letters is also strong as are her gross and fine motor skills. Her social-emotional skills are on target as is evidenced by her interactions with her parents and with children whom she meets on the playground and in her music class. She is a naturally joyful and curious child. Though her parents have moments of concern, (as any parent would,) there is no sign of lasting ill-effect from her illness.

***Ideas for Educators***

Though Rosie's story takes place out of the classroom, there is much from which to be drawn by educators. Perhaps the most impactful turning point from her parents' perspective was the moment that they chose to negate the experts' advice. They questioned, they sought advice from outside sources and even communicated their reasoning effectively enough to change one key physician's mind. They were empowered by searching inside of themselves for what they knew to be their truths as parents, and then reaching out to a broader world for like-minded people who would support their queries.

As educators, we can learn from this and make it a part of our own practice. In his article about rethinking schools, Gregory Michie discusses this as a part of a new teacher's practice.

I've spent significant time in dozens of Chicago schools during the past 13 years, and while many have their share of adults who have become, at least on the surface, jaded or resigned to mediocrity, I've also found dedicated, caring, even visionary teachers almost everywhere I've been. ... one of the best things you can do for yourself as a beginning teacher is seek out allies- both within your school and in the broader community of educators. Fellow teachers with whom you are aligned philosophically and politically can be vital sources of both emotional support and practical ideas... (2004, p. 2).

Certainly, educators can do much to support one another through the ever-increasing external pressures that are placed on them. Rosie's parents found allies and the end result kept their daughter from undergoing unnecessary procedures that would have further traumatized her fragile state. It seems that there will always be challenges that educators must meet in order to preserve their own welfare. There is nothing, however, that says that they must do it alone. When educators come together as allies their convictions become stronger because they are reminded of their real purpose in the classroom. This reminder serves to breathe new life and ideas into their teaching which ultimately scaffolds their students.



**THOMAS**

**History**

Thomas, (now 38 years old,) is the youngest of three children. His sister is the eldest in the family. He also has an identical twin brother. He is of Peruvian, Chinese, French and Navajo descent. As a young child, Thomas did not speak. Very early on his parents labeled him as the “non-dominant twin.” He was evaluated at the age of 5. In 1980, he received a general diagnosis of “Autism”. When asked if he was aware of his parents’ concerns about his development he states, “I knew what was going on because my mother explained it to me. Plus, it was quite obvious that I was different. I would only speak inside the house and with close family friends. In school, I was pulled out to go to different specialists and out of school, I was taken to numerous doctors to try and help me” (Thomas, personal communication, October 2013).

Thomas was believed to be on the Autism Spectrum until the age of twelve when he and his brother were separated and attended different schools. “It took me awhile to get oriented and to [start to speak]. My vocal chords... hurt a lot if I tried to speak for any long period of time. My vocal chords were not strong enough to speak a ‘normal amount’ until I was about 20. However, academically I grew slowly but surely. By my junior and senior years of high school I had become a standout when it came to languages and memorization” (Thomas, personal communication, October 2013).

**Connection**

Thomas' road to his expressive language began not with a connection, but rather with a necessary separation from his brother. "My receptive [language] was always on or above grade level. Even my expressive [language] was on or above grade level. I just decided not to talk because David talked for me" (Thomas, personal communication, October 2013).

After the necessary disconnect from his brother, Thomas began to make new connections to the people around him. He also began to understand his own abilities:

All the teachers... were sparks to me growing. However, there was one teacher that I connected with a bit more... he was a male teacher. He really challenged [my] thinking [and taught] us things at a college level. I do remember clearly, though, just astounding my classmates and teachers with how much I could remember. To the point that I could not only remember quotes from books, but also the page number and where on the page the quote was. I became extremely good with languages due to memorization and [my ability] to mimic sounds. ASL became easy for me as well. I had used informal gestures when I was selectively mute so to have a language full of gestures was easy and I took to it (Thomas, personal communication, October 2013).

**Miracle**

The connection that Thomas made to his educators and his own abilities changed his life. "I think I always knew that I had this ability. It was more having the confidence and reason to

“speak for myself...It was just the confidence of being my own person that I was lacking”  
(Thomas, personal communication, October 2013).

Thomas' success after that initial connection grew. As an adult he earned three masters degrees, (all under scholarship.) Currently, he works for a “prestigious” school district in New York State. He also speaks publicly on both the state and national levels. Recently, he spoke at the National Press Room in Washington DC. His talk was on data interoperability.

### ***Ideas for Educators***

Thomas' case speaks to the resiliency that many of our students possess. According to Ann S. Masten:

...resilience does not require extraordinary resources in most cases, but instead is the result of what might be called ‘ordinary magic’ It arises naturally from the interaction of basic adaptive systems that foster and protect human development. The multiplicity of adaptive systems... accounts for the diversity across individuals and also explains the many different pathways to resilience. ‘Ordinary magic’ refers to the power of these basic systems to facilitate adaptation and recovery in development (2009, p.30).

Certainly for Thomas, though it was challenging at first, his resilience led to his eventual success. He found his voice through a natural succession of events: separation from his

brother, a new school with supportive educators and peers, and an introduction to a large variety of languages. There was no big dramatic “aha” so much as there was the increasing momentum of an inner voice being unlocked.

As educators, we can be a part of facilitating our students' resiliency through positive reinforcement and creative exploration. By helping a student lay a firm foundation for his own growth, we take part in the unearthing of the miraculous.

**CARLY FLEISCHMANN**

## **History**

Carly is one of three children and a fraternal twin. Her twin sister is typically developing. Their mother's pregnancy was celebrated after three miscarriages. It was a normal pregnancy and an uncomplicated delivery. However, soon after their birth, her parents began to see a difference in Carly. Her father writes, "Within weeks of her birth, Carly took on a startled and cranky look, one that matched her demeanor," (Fleischmann, 2012 p. 10). At 10 months of age, they addressed their concerns with her pediatrician who did not see a cause for alarm, but suggested that they see a physiologist in order to appease their worries. Over time, they were to see many specialists and enroll her in various programs in an effort to find a diagnosis and treatment.

Throughout her various treatments, her mother and father held out hope.

" 'I feel like there's a button in her brain we just need to switch on,' Tammy [Carly's mother] said. But that button would remain out of sight, out of reach. In our hearts, we had hoped to find a magic pill that would turn Carly into someone else; someone who could speak, play, and be with us. But that folly had to come to an end. It's not that we would give up on our daughter, but it was time to stop asking *why*, and start asking, *now what?*' " (Fleischmann, 2012, p. 27).

Over the course of a decade the family home became a science lab and the family learned to live without privacy as various specialists came to work with Carly. They found that one of

the most effective therapies for Carly was Applied Behavior Analysis (ABA). In ABA, a team of therapists chronicles a child's abilities and sets goals based on what they believe she can accomplish. One of the specialists who first connected to Carly and her family was a speech-language pathologist. She became the anchor for Carly and her family as various professionals moved in and out of their lives. Each week she left Carly's family with practical, directed instructions that gave them ways in which to work with Carly. Her directions were focused enough that the family could consistently follow them. Additionally, she treated the Carly with respect, "After years of people diagnosing Carly and itemizing her deficiencies, Barb was the first person to chronicle Carly's strengths and look for ways to exploit them," (Fleischmann, 2012, P. 46). Soon after Barb entered their lives, Carly received a new behavioral therapist. He and Barb worked closely together. Her father details the moment that Carly reached out to them for the first time using a computer keyboard.

[Howard] reported that Carly was restless and cranky that day; whining, running around the room, unwilling to complete her tasks. 'What do you want?' Barb asked, her voice edged with exasperation. 'Sit down and help us understand what you need.' Barb corralled Carly back to her chair at their worktable. To their astonishment, Carly reached across to grab the [voice output] device and touched the alphabet screen, slowly tapping out the letters 'H-E-L-P T-E-E-T-H H-U-R-T' with her right index finger.



Barb and Howard were stunned. In the past few months, with the help of therapists, Carly had learned to identify images and colors... but she had never spontaneously expressed herself or communicated feelings of any kind. At first speechless, Barb and Howard hovered over Carly as if she were waking from a decade-long coma. Howard ran upstairs in search of Tylenol, thrilled to comply with her plea for help. Carly ran behind the couch and vomited... They cleaned Carly up, hugged her, and cheered, tears in their eyes. After years of isolation, the miraculous breakthrough had them floored with joy (Fleischmann, 2012, p. 112-113).

### **Connection**

Carly stunned everyone around her when she began to type complete thoughts and showed a wonderful, wry sense of humor. The simple act of finding language through her fingertips was the spark that allowed Carly to connect to the outside world, and her entire family dynamic changed. It took two of her therapists with the support of her team of therapists to make the connection that changed her life. Her family's belief in her, through years of doubt and pain, set the stage for the work that she and her team accomplished.

Carly began communicating her thoughts, feelings and needs. She could explain why she hit herself sometimes, (often it was to try to control her body from doing something she knew she shouldn't be doing,) and helped her family realize that she wanted to be an active part of what was happening in their lives. She also began communicating with the world at large. Though it would take years, she soon understood that she had an important purpose, "I

wish people would be understanding and caring. But how can they be when they just don't get it? I can explain it but no one will give me a chance. I want people to understand that autistic people are people and we all have an inner voice," (Fleischmann, 2012, p 143).

### ***Miracle***

Like Temple Grandin, Carly Fleischmann is quickly becoming a strong, well-known advocate in the movement to educate and inform others about people who are on the Autism Spectrum. *Carly Speaks*, written with her father, records the family's journey from believing that Carly had multiple cognitive variations to the dawning understanding that she was fully cognitively capable and aware of the world around her, to the discovery that she is a vibrant young woman who "...saw herself as a typical kid locked in a body over which she had little control" (Fleischmann, p. 130, 2012).

In her book *Emergence*, Temple Grandin talks about her experiences with Autism:

Autism is a developmental disorder. A defect in the systems which process incoming sensory information causes the child to over-react to some stimuli and underreact to others. The autistic child often withdraws from her environment and people in it to block out an onslaught of incoming stimulation. Autism is a childhood anomaly that separates the child from interpersonal relationships. She does not reach out and explore the world around her, but instead stays in her own inner world... Marion Sigman and Peter Mundy at UCLA in Los Angeles found that autistic children have

more socially related behaviors than many people realized... to say that an autistic child has absolutely no response to people is a misconception... Autistic children are as varied in their skills, intelligence, likes and dislikes, social graces as 'normal' children (1986, pp. 9, 11).

This is true for Carly, most especially now as the years of hard work have made her a well-known advocate for people with Non-Verbal Autism. She currently writes a Facebook blog that details her experiences. She recently began attending university in Canada, which she says in one of her lifelong dreams. She also spearheaded a short film that is available on YouTube. Her goal for Carly's Café is to help those who are not on the spectrum begin to understand what she experiences when sitting in a coffee shop. Carly started many public campaigns, involving celebrities from all areas of entertainment and sports, to help raise awareness of Autism.

### ***Ideas for Educators***

Often the external pressures that are placed on educators make it difficult to take the time to really see our students. We act according to recommendations from IEPs or committees without taking time to listen to our own instincts about the children we educate. Certainly, responding to the information that we have is not an incorrect instinct. These structures are in place to scaffold our students and often they work. However, as educators we can do so much more to create the connections that are needed to discover the humanity that lies deep inside of our students and ultimately help them bring that unheard voice out.

Vivian Gussin Paley writes:

Whenever I think about the children's differences, my sense of excitement of teaching mounts. Without the uniqueness of each child, teaching would be a dull, repetitive exercise for me. Every day, after the children leave, my assistants and I clean up quickly so we have time to compare revelations... We speak of surprises, seldom of certainties. We want to talk about what we don't understand and what has not worked out according to expectations. ... What did we find out today that we didn't know yesterday and for which we have no answer? (1990, p. 47).

Questioning of practice and of observed behavior often leads to new ideas for materials and techniques that scaffold discoveries for and about our students. In Carly's case, it changed her life and that of her family's. Ultimately, it has also changed the perceptions of the world of autism.

## **THROUGH THE EYES OF MOROCCO**

## **History**

As educators, we often meet students whose cultural backgrounds vary greatly from our own. In many cases, those students will be English Language Learners (ELLs). It is imperative that we work to promote connections with these students; daunting though the task may seem at the beginning of the year.

There are many ways in which an educator may do this. In early childhood classrooms, adding books from the students' home culture into the reading area creates a welcoming feeling for the child, and affords him the opportunity to share his experiences with his classmates in a concrete way. Pictures and labels in the child's home language placed around the room are highly effective tools that scaffold a child's navigation of his school environment. Another way to remain aware of our students' struggles is to put ourselves in their places.

During my course of studies at Bank Street, I had the amazing experience of studying in Morocco. I recall a very early morning in our hotel in Fes. That morning, my alarm rang incorrectly at 4:00 am. I didn't realize anything was wrong and prepared myself for the day. As I left the hotel room to go to breakfast, the moon glowed in the ink-stained Moroccan sky and a few stars twinkled their bright hellos down to me. I stood quietly in the courtyard where nothing but the thickly spiced Moroccan air and my emotions stirred. I breathed in deeply. That morning was a precious gift in a foreign land – one that I gratefully accepted. Rather than ending my experience by returning to my hotel room, I went to the open salon

on the second floor and wrote the following sentences:

*I sit in the grand salon of my hotel in Fes surrounded by rich textiles, intricate tile work and stunning craftsmanship. I feel the centuries of history and pride of the Moroccan people wash over me. This has been a unique experience and one that I relish with abandon. Though American-born, I am now a daughter of Morocco who has a deeper understanding of the country that has so effortlessly adopted me.*

That moment and so many others like it hold fast inside of me. Perhaps it is the heart of a romantic that now writes about this journey. Certainly, the budding educator actively grew as each situation – lecture and tour – emerged. I observed, learned and synthesized this land with the help of a great many people. The country itself opened its arms and I gladly walked into them.

When I decided to register for the course, I wasn't sure how relevant our school visits would be to my course of studies. I expected that many of the classrooms that we observed would contain older children, and none would be for children with developmental variations. Still, I believed it would be a unique experience that would somehow inform my teaching, even if I had to manipulate the information I received to fit the context of my own classroom.

I never dreamed that I would have the opportunity to observe a classroom of children with variations. However, our first school visit provided just that experience. The moment I

walked into the classroom, the children each came to me and shook my hand to welcome me. One darling little girl took my hand and kissed it. I fell in love with each student immediately.

When I entered the classroom I noticed abjad (Arabic writing) on the chalkboard and the children's colorful drawings on the walls. The teacher showed me her "working" board; on it was posted a schedule of subjects for each day. Each subject lasted for approximately a half hour. I was impressed by the precision of her classroom. Despite the interruptions that working with children with myriad variations can present, she managed to stay on schedule.

While her students worked on various puzzles and projects, she took me to her resource closet to show me some of the tools that she uses with the children. She patiently explained each resource using gestures as much as language and how or why she found it useful in the classroom. I also noticed a kind of clock with paper hands pinned to each student's desk. Each one was uniquely decorated by the hand of the student to which it belonged. She explained to me that it was a way to help the students keep track of which day it was so that they knew what to expect on a given day. Though this teacher was working with children with profound needs, she saw each of them as a whole person capable of understanding complex ideas. It reminds me of a quote that I read in Elhakim Mohammed's dissertation:

*There is a saying in Sufism: defect and ugliness are [not] in things or beings, but in the impurity of our vision of them. The more the soul is peaceful, perfect and pure, the*



*more it will become disposed to see in all beings a luminous Divine manifestation. All is beautiful...* (2011, p. 15).

This wonderful teacher saw the beauty in her children, not the “defect” which happens often in Morocco. I believe that she viewed her position of helping them reach their fullest potentials very seriously and with great pride. I carry my memories of this classroom to each classroom in which I am a teacher. I am heartened by the knowledge that there is someone on another continent who believes, as I do, that every child has unique abilities. As educators, when we place ourselves in situations that allow us experiences similar to those of our students, we inevitably find the spark of inspiration. “The task of unblocking that inquisitive, playful, imaginative force within necessitates the awakening of the teacher’s own inquisitive, imaginative and playful nature. Through the teacher’s creative self, he or she can find ways to help the child” (Igoa, 1995, p. 78). In this way we scaffold our children which ultimately allows them to bring the beautiful treasures that they are to light.

### **Connection**

This was the first school that we observed during our course. We didn’t know what to expect and most of us were both excited and nervous. The administrator of the school, (he would be the principal in the United States,) took us around in a group and dropped each of us off to various classrooms. He asked if any of us would like to work with children with disabilities. I immediately raised my hand. The two of us walked across a sun-dappled courtyard to a smaller classroom

It was during this visit that something amazing happened. When I am in Morocco with my family, my husband or another family member takes the lead on most everything. I never speak to anyone other than to say hello or thank you. Now that I was on my own, I had to adapt. The teacher in this classroom spoke French and Arabic. I'm not sure how, but from somewhere deep inside of me, my high school French began to resurface. Though she code-switched between French and Arabic, her words somehow translated themselves and I understood many of the things that she said to me. I found myself responding in words that I hadn't uttered in over 20 years. It was amazing. As she started to communicate each of her students' needs to me, I also found that we spoke a universal language – that of teachers of students with variations. It was quickly apparent that her students all had very special needs, and all loved her dearly.

### ***Miracle***

During my final fieldwork placement, a little boy came into our 3s classroom on the first day of phase in. His mother quietly explained to me that he only spoke Korean, and that he was scared to be there. I immediately recalled how it felt that first day in Morocco. I knew what she meant when she discussed his fear.

One other teacher in the room spoke a few words of Korean and could help him slowly assimilate to the basic functions of our classroom. We turned our attention to making the

classroom environment more accessible to him. We added Korean writing to all of the labels around the room and included picture books with Korean and English in our reading area.

Slowly, he came out of his shell and began to make connections to his classmates and team of teachers. He went from a quiet boy who sat at the edge of the circle to an enthusiastic member of our classroom environment whose robust play inspired us all.

### ***Ideas for Educators***

Educators are taught that understanding students' home cultures is incredibly vital to the successful scaffolding of students.

... teaching for social justice means drawing on family histories, traditions, and stories as well as demonstrating respect for all students' family and cultural values.

... Particularly important here is that the teacher demonstrate that she or he is connected to, rather than disengaged from, or (worse) afraid of, her or his students as individuals and as members of groups or large communities (Cochran-Smith, M. 1999, p. 115).

Certainly, home visits and family interviews go a long way in granting real understanding of students. That understanding translates itself when an educator begins to think about fostering connection in his own classroom environment.

When each child in the classroom participates in the communication process where his/her thinking is valued by teacher and peers, it communicates to each that he or she is a member of that community. A person is valued because he or she engages in problematic situations, and reflects about and reports his or her thinking. Each person also learns to respect and value each other's thinking. The opportunities and sites for learning increase (Hiebert J., 1997, p. 71).

The converse is also true. In 2004, Kemple wrote:

Social behaviors can carry different meanings in different social groups and cultures. ... Lack of awareness of such differences in social meaning can lead to significant misunderstanding. Freedom to express emotions is also influenced by culture. In some cultures, children are encouraged to fully experience and express their strongest feelings. Yet other cultures value containment of emotion (p.7).

It is possible for an educator to create an environment that represents the greater world cultures of his students' backgrounds. In doing so, he must consider all that he has learned about his students and their home cultures. In seeking to open his classroom in this way, he extends an invitation to them to connect with the community at large; to acknowledge the beauty of discovery of a broader world and allow for the occurrence of miracles as a new worldly culture emerges within the walls of his classroom.

## **AT RISK STUDENTS AND DRAMA THERAPY**

## **History**

In New York City, there are several companies that have incorporated working theatre professionals into their drama therapy programs. These companies vary in the programs that they offer, but most have a common goal: outreach to high risk students in some of the city's most underserved schools. Some of the companies run after school programs while others take socially relevant plays into the schools and perform them to general audiences. One such group also hires professional playwrights to work with the kids in their after school programs. The playwrights and students meet and discuss issues that are of relevance in their lives. Together they pen the plays that are then taken around the 5 boroughs and performed by professional actors. The actors work closely with social workers in order that they are prepared when a difficult situation with a student comes to the forefront of their work.

One of the more popular plays that toured the city in recent years explores the experiences of one young man who struggles to adjust to his new school. He desperately wants to fit in, but is ostracized because of the shoes that he wears. In order to remedy this, and to provide for his single-parent home, he temporarily turns to running with a gang. One of the program coordinators details how this play came to be:

There are sneakers hung over the wires throughout the city. We didn't really know why. It's really sort of a territorial thing. It can be considered a gang territory thing...at the same time...we're noticing with kids in school that sneakers are just so

important. If a sneaker is scuffed it's considered worthless, done, finished. We were just so amazed how important the looks and the brand of the sneaker were to the kids we were working with (E. Weiner, personal communication, October 21, 2010).

The audiences, (mostly middle and high school,) who saw this play in their schools were actively engaged with its content. Kids hollered and clapped with every decision the main character made. After each production, the actors, who had been trained by social workers hired by the company, led audience talk back sessions. At each one, the youths in the audience indicated that this was a real situation that many of them had experienced themselves.

One social worker explained how difficult the home environments are for many of these kids:

These kids are facing real trauma. In one of the schools that we were at in the Bronx, the kids live in these huge towers across the street from the school and the elevators were almost always broken. There's a lot of gang activity, drug use, sex... all sorts of activities going on in the stairwells. Of course these kids aren't coming to school. They live on the seventeenth floor, the elevator's broken. Even if they get down ok, they're going to have to hike back up seventeen flights of stairs and there are really scary, traumatic things going on in the stairs (L. Schwartz, personal communication, October 25, 2010).

Situations like the one detailed above are difficult for many educators to fathom. This is why it is so important for educators to understand as much as possible their students' home culture and socio-economic backgrounds. While some situations may seem impossible, there may still be opportunities for connection and ultimately learning. One drama therapist explains a very real “aha” moment that she experienced.

I had a kid... ANGRY. Angry as all get out and in school, constantly suspended for cursing at a teacher or flipping out or getting into a fight. She has cursed me out for telling her to put her phone away and get to class. But she would always come back and apologize. She was really good at coming back and owning – taking responsibility for her behavior. We started working on a scene for an upcoming show and she did the scene in class. We hadn't heard her speak or do anything in like six months. All of a sudden she did this [scene] about dropping out of school. Somebody else begged her to be in the after school program and she showed up. ... We started talking and getting to know each other. I asked her what was up with her anger. She was like, 'I know I have a terrible temper. I try, but it's really hard.' I just talked with her... Slowly I started to see her shyness and her fear. I looked at her from a different perspective. ... We did the show and her mom didn't show up. It became so clear that she's angry that nobody's there. She's angry that there's nobody to talk to. She's angry that people just assume that she is this tough kid, that she's this mean kid, that she can't control herself and that she has an issue. Really she just needed to talk to somebody.



Nobody took the time to be there” (D. Waters, personal communication, September 10, 2013).

Drama therapists place themselves in situations that can often be volatile, but are even more often rewarding. They create an environment that is safe, a place where children can be heard and respected for who they are. This is the foundation of their work, and it is a strong one. This foundation, their creativity and the willingness to keep trying to reach at-risk youth is something from which educators can learn. “Specifically, student teachers who enable significant work assume that all students are makers of meaning and all are capable of dealing with complex ideas” (Cochran-Smith, 1999, p.120). If educators were to hold onto this idea in the face of challenging student behavior, they would see much more than troublemakers for whom they must exact a punishment. Rather, they might see the possibility, however challenging, of making a connection and affecting real change for their students.

Our students deserve this support, creativity and connection not just from individual educators, but also from their greater school communities. “The school should strengthen the child’s competence to deal effectively with the environment; encourage the development of autonomy and the construction of a sense of self; promote the integration of functions – that is thought and feeling, feeling and action and stimulate individuality and vigorous, creative response” (Nager & Shapiro, 2000, p. 22).

Drama therapy is yet another example of a connection that is made that can change a student's way of thinking and ultimately her life. As educators we owe it to our students, and ourselves, to learn from the work that these professionals accomplish and incorporate those lessons into our own teaching.

### **Connection**

The student in this profile still struggles with anger issues, but she is learning, through drama therapy, to express herself in constructive ways. Each day that she actively participates in the program is a day of victory for her and for those who work with her. She is beginning to see life in new ways, and manages to reach out despite her struggles.

### **Miracle**

During one drama therapy session that I observed in a New York City high school, students spoke out about the imminent phase out of their school. They sat around a table together and openly discussed their fear, anger and grief. They explored the idea that this school, while failing to the outside world, was the only safe home that they knew. They expressed their anger at having spoken at a school board hearing without feeling as though they had been heard. Later, they took the discussions that they had had that day and turned them into a scene that was presented at an end-of-the-year program.

This group of at-risk youth should never have been able to sit at a table together. Some were members of gangs while others were close to dropping out. Yet there they were.

Miraculously. It was as though they had checked their differences at the door and entered a sanctuary where they could be who they really are. Every adult in the room whether an educator, drama therapist or social worker had worked tirelessly to create that safe space for them. It was an extraordinary revelation to see that even under the most impossible of situations, connection and miracles do occur.

### ***Ideas for Educators***

When working with high risk student populations, educators must plan for many eventualities. Anticipating a student's needs is difficult, but not impossible. Educators who consistently invest time in talking with and being available to their students can build the trust that it takes to break down defensive walls. One drama therapy organization explains the method that they use:

The scenes reflect the real-life struggles that often hinder students from staying in school and realizing their full potential in the classroom and beyond. By choosing topical, relatable, real-life issues, participants see themselves, with a little distance, in the characters and they immediately drop their resistance and become more open to discussing and understanding their own behaviors. Through guided reflection and discussion during and after the role-play, participants become more aware of their needs, feelings, and reactions in difficult situations. This kind of forum allows people to feel safe as they explore, make discoveries, and learn new skills (Feldman, 2013, Our Method section, para. 3).

The discoveries that many students make through the use of drama and drama therapy profoundly change the dynamics of the classroom. The safe space that courageous drama explores not only creates a connection, but allows for miracles. Many students who have been a part of drama therapy programs in New York City have gone on to graduate high school and attend college. They are reaching out to a larger world in ways that no one could have anticipated, and in which many see the miracle.

In early childhood classrooms, drama and often drama therapy takes place naturally in the dramatic play area. An educator can capitalize on his students' natural curiosity by creating a space that is rich with materials for building communication and community.

Social pretend play puts special demands on young children's cognitive and language skills. When dramatic play involves more than one child, children have to negotiate roles and "story lines"; they need to have some ability to communicate about the play. Selection of materials that encourages complex and extended dramatic play can be tied to a thematic unit... [which] will allow children to build and extend their understanding of the concepts and information... (Kemple, 2004, p. 42).

Regardless of the age level, educators can create dynamic connections with their students using drama and drama therapy. Many of the companies that work throughout the City have developed teacher education programs. These workshops support an educator in the effort

of bringing drama into the classroom. They help educators prepare for the intensity of dramatic discovery by giving them experience in both creating the environment rich with exploratory materials and in the synthesis of myriad possible responses of their students. The very nature of this work, whether as a sporadic or permanent fixture, in a classroom lends itself to significant shifts in social emotional growth which then sets the stage for an abundance of miracles.

## **CONCLUSION**

If, as educators, we are to believe the naysayers, situations like those detailed above could never happen. Parents won't fight the system or the experts to care for their children. Educators couldn't take the time to excite children or to listen when they are just learning to speak. Non-verbal children can never find ways to speak. Resiliency doesn't exist. Certainly, educators don't have the financial wherewithal to embrace experiences that afford them rare glimpses into their students' experiences of the classroom. It is also laughable to believe that drama could ever be used to reach some of our most at-risk youth. And yet, as the above examples explore, it can and is being done. Every day, even if it is quietly at first, educators can make the connections that open the world to their students.

Just what does it mean to set the stage for miracles...? It means being disposed to create what does not yet exist. Rather than looking only at how predetermined solutions may be implemented, the disposition of Setting the Stage for Miracles focuses on creating the conditions within which optimum options – options that are inclusive, collaborative, and responsive to multiple perspectives - can emerge (Barrera, I. & Kramer, L., 2009, p.73).

Today's ever-changing standardized school cultures lend themselves to a vast array of excuses that educators may cull together to explain why it is impossible to connect with their students; why there is no hope for any of us. Yet, there is hope. Parents, educators, and administrators can make a choice to follow what they know to be true at the cores of their beings. There is, in virtually every situation, an opportunity to connect to another human

being, to thwart the status quo, and to be a part of scaffolding a child's abilities so that he or she may unearth the beauty that lives within and then ultimately reveal that to the world at large.

In 1932, Counts wrote, "If an educational movement, or any other movement, calls itself progressive, it must have orientation; it must possess direction" (p.4). If an educator turns her focus towards her students and away from the ever-changing culture of political bureaucracy that surrounds her - she is orienting herself in a way that will insure future success in learning for her students. This focus empowers them. It allows them to delve safely inside and to find a creative spark. That spark leads to authentic connection, learning and growth. Eventually, it leads to the confidence that is needed to bring internalized feelings, hopes and dreams to the external world.

In her epilogue Axline writes, "Perhaps when we experience confidence and faith and hope that we see materialize before our eyes this builds up within us a feeling of inner strength, courage and security" (1964, p. 215). As educators, it is our right and our responsibility to embrace this thought and infuse it into every interaction we have with our students. We may not anticipate what caused the spark of connection, but we will see the resultant effect as our students blossom and reach out to a larger world. Like the proverbial ripple effect, the work that we do in our classrooms has far reaching implications. We may never see how far that work extends, but we can be assured that it will reach much farther shores. It is so very important to keep this in mind as we strive to help every single one of our students.



Every connection we scaffold, every voice we help to uncover, every person who emerges from his or her cocoon because of our belief has the power to change the world. The converse is also true, which is why it is so crucial that we not give up. We must lead by example, (as so many of the people in the stories above have done.) We must continue our work in the face of adversity. We must focus the light of belief on our students, find ways in which to connect, and scaffold that connection so that our students can come into their own. As educators, we are positioned to turn the tide of disbelief that surrounds many of our students and help them prove that miracles are only the beginning.

## **ACKNOWLEDGEMENTS**

*This project was conceived more than a year ago and is greatly inspired by many, many people. The more that I worked on it, the more universal I found its theme to be. A greater number of people exclaimed, "You're telling my story," than I would possibly be able to include in these pages.*

*My greatest hope is that this project inspires others to remember why they became educators. Perhaps, if we all take a bit of time to step back from the external demands that are placed on each of us, we will focus on our students in a different light, discover the beauty that lies in each interaction that we have, and inspire the confidence that is needed to reveal oneself to the world at large.*

SPECIAL THANKS TO:

The Mahoney-Sahl Family  
Desi Waters  
James Yap  
Liora Grimm-Schwartz  
Emily Weiner  
Mohammed Elhakim  
Patricia Bologna  
The Berrada Family  
Faculty and Staff of Bank St. College  
Bank St. Family Center - Room 4  
Sue Carbary  
Sean O'Shea

Most Importantly to:  
KB and Lilia Rose  
*for always.*

## REFERENCES

- Axline, V.M. (1964). *Dibs in search of self*. New York: Houghton Mifflin.
- Barrera, I. & Kramer, L. (2009). *Using skilled dialogue to transform challenging interactions: Honoring identity, voice & connection*. Baltimore: Paul H. Brooks Publishing Co.
- Cochran-Smith, M. (1999). Learning to teach for social justice, pp. 114-144. In *The education of teachers NSSE yearbook*. (G. Griffin, Ed.). Chicago: University of Chicago Press.
- Cohen, D.H., Stern, V., Balaban, N., Gropper, N. (2008). *Observing and recording the behavior of young children*. 5<sup>th</sup> Edition. New York: Teachers College Press.
- Counts, G.S. (1932/1978). *Dare the school build a new social order?* Carbondale: Southern Illinois University Press.
- Eliot, L. (1999). *What's going on in there?: How the brain and mind develop in the first five years of life*. New York: Bantam Books.
- Feldman, D. (2013). Our method. About us. Retrieved from <http://www.enact.org>
- Fleischmann, A. & Fleischmann, C. (2012). *Carly's voice*. New York: Simon & Schuster.
- Grandin, T. (1986). *Emergence: Labeled autistic*. Grand Central Publishing: New York.
- Hiebert, J., Carpenter, T.P., Fennema, E., Fuson, Karen C., Wearne, D., Murray, H., ... Human, P. (1997). *Making sense: Teaching and learning mathematics with understanding*. Portsmouth: Heinemann.
- Igoa, C. (1995). *The inner world of the immigrant child*. New Jersey: Lawrence Earlbaum Associates.
- Kemple, K.M. (2004). *Let's be friends: Peer competence and social inclusion in Early Childhood programs*. New York: Teacher's College Press.
- Mahoney, Jeni. (2008). What is a prenatal stroke? And other questions I get asked. [Web blog comment]. Retrieved from <http://www.thelandofnoa.blogspot.com>
- Mahoney, Jeni. (2008). Signs. [Web blog comment]. Retrieved from <http://www.thelandofnoa.blogspot.com>
- Mahoney, Jeni. (2011). How far we've come. [Web blog comment]. Retrieved from <http://www.thelandofnoa.blogspot.com>

- Mahoney, Jeni. (2012). 2012 Wrap up. [Web blog comment]. Retrieved from <http://www.thelandofnoa.blogspot.com>
- Masten, A. S. (2009). Ordinary magic: Lessons from research on resilience in human development. In *Education Canada*, No. 3. Summer 2009, (pp. 28-31).
- Meier, D., Kohn, A., Darling-Hammond, L., Sizer, T.R. Wood, G. (2004). *Many Children Left Behind*. (Meier, D. & Wood, G., Eds.). Boston: Beacon Press.
- Mitchie, G. (2004, DLL). Teaching in the undertow: Resisting the pull of schooling-as-usual. In *The New Teacher Book*. Milwaukee: Rethinking Schools.
- Mohammed, E. (2003). *Sacred music: A Moroccan cultural context*. Unpublished thesis, Sidi Mohamed Ben Abdellah University, Fez, Morocco.
- Nager, N. & Shapiro, E.K. (2000). *Rethinking a progressive pedagogy*. New York: State University of New York Press.
- Paley, V.G. (1990). *The boy who would be helicopter*. Cambridge: Harvard University Press.
- Pignatelli, F. (2005). Student resistance and standardization in schools. In Silin, J.G. (Ed.) *Bank Street Occasional Papers, May 2005*, 50-61.
- Pinnell, G.S. (2002). *Ways to look at the functions of children's language*. In Power, B.M. & Hubbard, R.S. (Eds.), *Language development: A reader for teachers*, (pp. 110-117). Columbus: Merrill Prentice Hall.
- Scott, Tyler. (2013). The occipital lobe. *The brain made simple*. Retrieved from <http://www.thebrainmadesimple.com>
- Scott, Tyler. (2013). The parietal lobe. *The brain made simple*. Retrieved from <http://thebrainmadesimple.com>
- Scott, Tyler. (2013). The temporal lobe. *The brain made simple*. Retrieved from <http://thebrainmadesimple.com>
- Solway, A. (2009). *Why science matters: Repairing and replacing organs*, (pp. 38-45). Chicago, Illinois: Heinemann Library.
- Taylor, H.G., Swartwout, M.D., Yeates, K.O., Walz, N.C., Stancin, T. & Wade, S.L. (2008). Traumatic brain injury in young children: Postacute effects on cognitive and school readiness skills. In *Journal of the International Neuropsychological Society*, 14, (pp. 734-745).